

Nevada State Business License Certificate of **Amendment** For Sole Proprietors and

Partnerships Only

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

This form is for the use of sole proprietors and partnerships holding a State Business License. It MAY NOT be used by those entities organized and on file with the Secretary of State that file an annual list.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

- 1. Print legibly or type all information on this form.
- 2. Enter the name and NV Business ID # exactly as shown on State Business License certificate and as on file with the Secretary of State.
- 3. File online at www.nvsos.gov, or,
- 4. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada, 89701-4201, (775) 684-5708.

5. Th	. This form must be signed by the sole proprietor or a partner of the partnership. FORM WILL BE RETURNED IF UNSIGNED.								
1*	Name as it appears on Business License								
2*	NV Business ID # (NV Secretary of State - issued, may be found on State Business License)								
3	The State Business License is hereby amended as follows: (Check the box of the information you are changing)								
	Your Name or Name of Partnership								
	IMPORTANT: Name change requires document certifying a legal name change. If this is not provided, amendment will be reje								
Phone # ()									
	Physical Address Physical Street Address City State Zip Code								
	Mailing Address PO Box or Street Address City State Zip Code								
	Email Address								
4*	Signature must be that of the sole proprietor or partner of the partnership amending the State Business License.								
	I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.								
	First Name Middle (Optional) Last Name Suffix								
	X								
	Signature Date								



Authorized Signature

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

ePayment Checklist (For Counter, Fax and Mail Requests)

					USE BLACK	INK ONLY - DO NOT HIGHLIGHT	
Service Type:	Counter	Mail	Fax				
Order Processing Requested: (Expedite Processing Requires Additional Fees)							
Regular Processing	24-H0	OUR Expedite	2	HOUR Expe	dite	1-HOUR Expedite	
Payment by Card	(card holder i	name and bil	ling address	required be	elow)		
Card Type: VISA		MasterCard		Discover	Ar	nerican Express	
Customer Credit Card Nu	umber:					V CODE*	
	t number found on the				nd Discover care	ds	
NOTICE: For security and (VCode) number located o request.	d verification pur	poses, all cred	dit card paym	ents must inc			
Credit Card Expiration Dat	te: Month		Yea	r			
			Am	ount to Ch	arge Card	: USD \$	
Order Information	ı (required)						
Entity Name/Order R	deference:						
Card Holder Informa	tion:						
Name as it Appear	rs on the Accour	nt					
	Billing Addres	ss					
	City, State, Zi	ip					
	Telephon	ie					
Payment Authoriz I authorize the Secretary of account(s):		amount not to	exceed the	following to b	e charged to	the above listed	
X			Nc	t to Excee	d Amount	·· USD \$	